

State: Pennsylvania
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: PA - PS - RA16 - R1/

Filing Company:

Continental Casualty Company

Filing at a Glance

Company: Continental Casualty Company
Product Name: ILTC
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.003 Other
Filing Type: Rate - Other (Not M.U. or G.I. Product)
Date Submitted: 12/20/2019
SERFF Tr Num: CNAB-132184171
SERFF Status: Assigned
State Tr Num: CNAB-132184171
State Status: Received Review in Progress
Co Tr Num: PA-PS-RA16-R1

Implementation: On Approval
Date Requested:
Author(s): Louis Scarim, John Munro, Kimeya Koparkar, Avleen Badwal, Rafael Bergerman, Rebecca Butler

Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 75.6% increase on 4,247 PA policyholders of CNA individual LTC forms P1-15203-A37, P1-18215-A37/-A87, P1-18876-A37/-A87, P1-21295-A37/-A87, P1-21300-A37/-A87, P1-21305-A37/-A87, P1-N0022-A37/-B37/-A87/-B87, P1-N0023-A37/-B37, P1-N0026-A37/-B37/-A87/-B87, P1-N0027-A37/-B37/-A87, P1-N0030-A37/-A87, P1-N0031-A37, P1-N0034-A37/-A87.

The company is offering a unique ?Surrender Option?.

State: Pennsylvania
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: PA - PS - RA16 - R1/
Filing Company: Continental Casualty Company

General Information

Project Name: PA - PS - RA16 - R1
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 75.6%
Deemer Date:
Submitted By: Avleen Badwal
Status of Filing in Domicile: Authorized
Date Approved in Domicile: 08/16/2017
Domicile Status Comments: Illinois completed review and closed this filing on 8/16/2017.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/27/2019
State Status Changed: 12/27/2019
Created By: Avleen Badwal
Corresponding Filing Tracking Number: CNAB-132198848
State TOI: LTC03I Individual Long Term Care

Filing Description:

Please refer to the Cover Letter in the Supporting Documentation tab.

Company and Contact

Filing Contact Information

John Munro, AVP & Actuary - Pricing
151 N. Franklin Street
Chicago, IL 60606
John.Munro@cna.com
312-822-2617 [Phone]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
151 N. Franklin Street	Group Code: 218	Company Type: Property and
Chicago, IL 60606	Group Name: CNA Insurance	Casualty
(312) 822-4006 ext. [Phone]	Companies	State ID Number:
	FEIN Number: 36-2114545	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	CNAB-132184171	State Tracking #:	CNAB-132184171	Company Tracking #:	PA-PS-RA16-R1
State:	Pennsylvania	Filing Company:	Continental Casualty Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	ILTC				
Project Name/Number:	PA - PS - RA16 - R1/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	13.800%
Effective Date of Last Rate Revision:	07/01/2017
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	MILL-130055810

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental Casualty Company	75.600%	75.600%	\$9,270,059	4,247	\$12,261,983	75.600%	75.600%

SERFF Tracking #:

CNAB-132184171

State Tracking #:

CNAB-132184171

Company Tracking #:

PA-PS-RA16-R1

State: Pennsylvania

Filing Company:

Continental Casualty Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: ILTC

Project Name/Number: PA - PS - RA16 - R1/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Supplement and Rate Sheets	P1-15203-A37, P1-18215-A37/-A87, P1-18876-A37/-A87, P1-21295-A37/-A87, P1-21300-A37/-A87, P1-21305-A37/-A87, P1-N0022-A37/-B37/-A87/-B87, P1-N0023-A37/-B37, P1-N0026-A37/-B37/-A87/-B87, P1-N0027-A37/-B37/-A87, P1-N0030-A37/-A87, P1-N0031-A37, P1-N0034-A37/-A87	Revised	Previous State Filing Number: MILL-130055810 Percent Rate Change Request: 75.6	Rate Sheets and Supplement.pdf,

THIS POLICY IS FOR RENEWAL BUSINESS ONLY

CONTINENTAL CASUALTY COMPANY

PENNSYLVANIA

Preferred Solution Product Portfolio

Supplement to Rate Sheets for Policy Forms:

P1-N0080-A37/-A87	P1-N0086-A37/-A87	P1-N0100-A37/-A87	P1-N0076-A37/-A87
P1-N0081-A37/-A87	P1-N0095-A37/-A87	P1-N0101-A37/-A87	P1-N0090-A37/-A87
P1-N0085-A37/-A87	P1-N0096-A37/-A87	P1-N0075-A37/-A87	P1-N0091-A37/-A87

Rates in the above forms should be multiplied by the following factors:

Automatic Increase Benefit Rider	Factor
None	1.942566
Simple and Compound Only	3.411146

These factors reflect the following prior approved and current rate increases:

Prior Approved Rate Increases			
Automatic Increase Benefit Rider	Approval Date of Rate Increase	Effective Date of Rate Increase	Rate Increase Approved
None, Simple, and Compound	3/14/2013	8/1/2013	20.0%
None, Simple, and Compound	12/3/2014	5/1/2015	25.0%
None, Simple, and Compound	1/11/2016	7/1/2016	13.8%
None, Simple, and Compound		7/1/2017	13.8%

Current Rate Increase	
Automatic Increase Benefit Rider	Amount
Simple and Compound Only	75.6%

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u> <u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form PL-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u> <u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u> <u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form PI-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
* 30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form PL-N0100-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A37
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	
<u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0081-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u> <u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0085-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	
<u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	
<u>Maximum</u>	<u>Factor</u>
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form PI-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form PL-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form PL-N0095-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form PI-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0100-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
<u>Maximum</u>	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form PI-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP

30 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=

75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form Pl-N0101-A87
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A87
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x, 1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

State:	Pennsylvania	Filing Company:	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	PA - PS - RA16 - R1/		

Supporting Document Schedules

Bypassed - Item:	Transmittal Letter (A&H)
Bypass Reason:	Not applicable as this is a Rate Increase filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification (A&H)
Comments:	The Actuarial Certification can be found in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	Please see attached.
Attachment(s):	Actuarial Memorandum and Exhibits.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not applicable as Advertisements are not included and will not be filed
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not applicable as the insurer is the filer
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not applicable as this filing does not contain insert pages
Attachment(s):	
Item Status:	
Status Date:	

State:	Pennsylvania	Filing Company:	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	PA - PS - RA16 - R1/		

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not applicable as new forms are not being submitted
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not applicable as this is not a form filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Advertisement Compliance Certification
Bypass Reason:	Not applicable as this is submission does not include advertisements
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	Not applicable as this is not a new form filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not applicable as this is not a form filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	Please see the attached Cover Letter.
Attachment(s):	Cover Letter - PA.pdf
Item Status:	
Status Date:	

Continental Casualty Company (“CCC”)
Actuarial Memorandum
In Support of a Premium Rate Increase Request
Pennsylvania

The following “Preferred Solution” individual long term care policy forms subject to this rate increase request were originally issued nationwide from 1998 to 2003:

Coverage Type	Policy Form*
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

*Policies with compound automatic increase benefit rider R1-N0088/R1-N0078 series or simple automatic increase benefit rider R1-N0098/ R1-N0079 series only.

1. Purpose and Justification of Filing

The purpose of this memorandum is to provide actuarial information supporting CCC’s request for a rate increase for the above-listed Preferred Solution policy forms, for insureds with an automatic increase benefit (“AIB”) rider. This 75.6% rate increase is requested in order to establish premium rates that are reasonable in relation to benefits based on actual historical experience and best-estimate projections for these forms. This rate filing is not intended to be used for other purposes.

The rate increase requested is reflective of the rate relief required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. In recognition of the poor performance of the block to date, the Company is no longer seeking to restore the block to profitability, but is merely seeking to ensure the premiums collected will cover claims. To the extent that states do not approve the requested amounts, it is the intent of management to submit follow up filings, where not otherwise limited by law or regulation, such that an actuarially equivalent increase amount is attained.

In addition, the Company is making a number of alternative options available for all Preferred Solution insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture (“ICNF”) benefit upon lapse. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid, capped at current remaining lifetime benefits.

The second option, the “Conversion Option”, provides a standard Contingent Non-Forfeiture (“CNF”) benefit, along with a cash payment. If this option is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool will equate to 100% of lifetime premiums paid into the policy, capped at current remaining lifetime benefits. The amount of the one-time cash conversion payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured, less the expected statutory active life reserve held for the CNF benefit.

The third option that is being offered to insureds is the “Surrender Option”. If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

All three of the above alternative options will be offered to all Preferred Solution insureds in your state (those with and without AIB riders), regardless of whether or not they receive a rate increase, in order to ensure fairness within the Preferred Solution product portfolio. If a policy lapses due to non-payment of premiums without notifying the Company of the insured’s intention to elect any of the above options, the insured’s coverage will default to a standard 100% CNF benefit.

Although certain policy forms were originally priced prior to rate stability under the NAIC model regulation, certificates have been added after rate stability. Therefore, this filing is being made according to rate stability requirements. The rate increase being requested meets the 58/85 loss ratio test established in the 2000 LTC NAIC Model Regulation.

Please note:

- The proposed rate increase represents the future premium rate required to produce a 100% after-interest lifetime loss ratio;
- The requested rate increase amount is less than the amount CCC can justify; and
- CCC will continue to monitor the experience of this block and will react accordingly to experience development.

2. Description of Benefits

This rate increase applies only to Preferred Solution policies with an optional AIB rider.

- All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long term care confinement and home

health care benefits with lifetime limits. Benefits are limited to the policy's lifetime maximum, which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1,095x, 1,460x, 1,825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

- Long Term Care Benefits: These policies pay the long term care daily benefit amount, as shown on insured's policy schedule, for each day of long term care confinement in a nursing home or assisted living facility, limited to the benefit lifetime maximum.
- Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80% (percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for adult day care or alternate care facility. The total benefits payable each day for home health care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's benefit lifetime maximum.
- Other Benefits: The policies may include a bed reservation, waiver of premium, non-forfeiture, and alternate plan of care benefit.
- Optional Benefits: Optional riders may include survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms provide the insured guaranteed renewable individual long term care coverage.

4. Applicability of Rate Increase

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms for policies that include AIB riders only.

5. Experience Study and Actuarial Assumptions

This section provides a summary of the results of the annual experience study, along with the resulting assumptions utilized in the projection model. These liability assumptions below are consistent with the assumptions being used in the Company's reserve adequacy and asset adequacy testing. It is noted that some actual to expected ("A/E") analysis tables in this section have A/E ratios other than 100%. In order to reduce year over year volatility, if A/E results from the experience study are within an internal target range, the assumption will not be revised from the prior year's assumption.

Morbidity Overview

CCC has a sizeable block of LTC policies with a robust and credible amount of claims experience. As such, the 2018 morbidity study used experience from 2008 to 2017 to develop frequency and severity (claim utilization, disabled life mortality, and claim recovery) assumptions. CCC assesses morbidity experience separately for the Individual Long-Term Care (ILTC) and Group Long-Term Care (GLTC) blocks of business. Furthermore, any variation in assumption by different policyholder characteristics (i.e. gender) is based on company experience where meaningful variation has existed and is expected to continue in the future. Assumptions are set at a granular level to provide the best possible fit to experience. A dynamic validation is then performed to ensure that assumptions provide a reasonable fit in the aggregate. The dynamic validation was performed by modeling best-estimate assumptions with inforce liability data as of December 31, 2011 to see how well the assumptions would replicate actual historical experience.

For policyholders aged 85 and older, ILTC has approximately over 300K exposure years and over 40K claims, and GLTC has over 13K exposure years with over 2K claims. For older attained ages with less credible data, CCC has set incidence, claim recovery and utilization assumptions using age bands where assumptions do not vary beyond a certain age threshold. Disabled life mortality varies by attained age and is based on an impaired 2012 IAM mortality table which assumes an ultimate mortality rate beyond age 110.

Morbidity experience can vary by carrier to carrier based on policy language, claim adjudication practices and rate increase programs undertaken. None of these differences are captured in industry studies. Given the fact that CCC has credible and robust claims experience, assumptions were set entirely based on company experience and were not directly compared to industry data.

The ILTC block is at or near its peak so the number of new incurred claims has been slowing over the recent past and is near its inflection point. GLTC is a younger block and the number of new incurred claims is expected to continue to increase over the next twenty to thirty years. Also, within the study period mentioned above, CCC has implemented ILTC and GLTC rate increases programs which have temporarily increased incidence due to anti-selection.

The amount of new incurred claim dollars has increased over the recent past due to increases in the cost of care. Incurred claim dollars are expected to continue to increase for both ILTC and GLTC over the near to mid-term.

CCC has granular assumptions which allows for variation in lapse rates. One variation that is worth noting is the assumption that lapse rates are expected to be lower for policies with richer benefits (i.e. policies with longer benefit periods and with AIB riders). Therefore, as the block ages, there is an expectation that the policies that persist will naturally have longer lengths of stay with higher severity as the mix shift changes over time. Also assumed in the claim utilization assumption is an expectation of rising cost of care inflation which will also lead to higher severity of claims over time.

Claim Incidence

The frequency of claim is the probability that a healthy insured will go into disabled status, also known as 'claim incidence'. The final incidence rate that gets modeled is comprised of a base incidence table, adjustment factors based on policy features and demographics, and adjustments for policyholder behavior to rate actions.

Base Incidence Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC base incidence rates, which includes experience over the past ten years. These tables show policy experience prior to any rate increases in order to avoid distortion caused by temporary anti-selection, which is layered on separately. This explains the shrinking exposure years over time. Something of note is the Individual Long-Term Care block has undergone significant rate action initiatives over the recent past, causing limited credibility that may not be representative of nationwide experience. This experience was factored into the assumption setting process but weighted according to the exposures shown below:

Best-Estimate Incidence A/E Results Individual Long Term Care						
Calendar Year	Exposures (Years)	Actual Claims	Expected Claims	Actual Incidence Rate	Expected Incidence Rate	Actual / Expected
2008	260,619	4,789	4,826	1.84%	1.85%	99%
2009	249,624	4,937	5,076	1.98%	2.03%	97%
2010	236,400	5,104	5,254	2.16%	2.22%	97%
2011	212,823	4,813	5,036	2.26%	2.37%	96%
2012	156,644	3,307	3,351	2.11%	2.14%	99%
2013	120,101	2,726	2,738	2.27%	2.28%	100%
2014	69,074	1,987	1,815	2.88%	2.63%	109%
2015	46,400	1,609	1,327	3.47%	2.86%	121%
2016	34,379	1,284	1,129	3.73%	3.28%	114%
2017	26,050	1,059	914	4.07%	3.51%	116%
Total	1,412,113	31,615	31,467	2.24%	2.23%	100%

Base Incidence Assumption

The base incidence rates are single-dimensional tables that vary by attained age. These base incidence tables vary by the following:

- Whether the policy covers comprehensive or facility only benefits
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Gender

A sample table is shown below:

Plan Type: Comprehensive

Situs: Assisted Living Facility

Gender: Male

Attained Age	Annual Incidence Rate (%)
44 and Prior	0.0030%
45	0.0031%
46	0.0034%
47	0.0038%
...	...
55	0.0062%
56	0.0067%
57	0.0074%
...	...
65	0.0169%
66	0.0189%
67	0.0218%
...	...
75	0.0997%
76	0.1272%
77	0.1570%
...	...
85	0.6584%
86	0.7566%
87	0.8910%
...	...
95	2.3029%
96 to 120	2.5766%

Incidence Rate Adjustment Factors

There are a number of incidence rate adjustment factors that are applied to adjust the base incidence tables for various policy features. The annual experience study reviews these adjustment factors and provides updates as needed. The incidence adjustment factors are shown below:

Category	Variable/Benefit Feature	Adjustment Factor
Underwriting Class	Preferred	0.88
	Standard	1.18

	Substandard	1.26
Elimination Period	0 Days	1.15
	1-89 Days	0.97
	90+ Days	0.83
Benefit Period	Lifetime	1.19
	Non-Lifetime	0.95
Plan Type	Comprehensive	1.08
	Facility Only	0.72
	Home Health Care Only	0.97
Spousal Discount	Yes	0.96
	No	1.05
Product Portfolio	Preferred Solution	1.15
Policy Duration	1	0.50
	2	0.55
	3	0.60
	4	0.65
	5	0.70
	6	0.75
	7	0.80
	8	0.85
	9	0.90
	10	0.95
	11+	1.00

Temporary Anti-Selection Overview

As part of the company's annual experience study, the relationship between premium rate actions and incidence rates were developed into an assumption set. When a rate increase is approved in a state, the company has observed an uptick in claims in that state, which is estimated to be driven by insureds that already qualify for their long term care benefits, but have not yet gone on claim. This observed uptick in claims following a rate action is theorized to be driven by this subset of insureds that currently qualify for benefits going on claim to avoid paying the increased premium, since their premium rates will be waived. This anti-selection is believed to be temporary in nature and that incidence rates will eventually return to a more normalized level.

For anti-selection assumptions, actual total incidence counts, which include both pre- and post-rate increase experience, were compared to expected base incidence counts to develop an anti-selection assumption that represents the incidence in excess of base. This analysis was

performed by looking at the years since a rate increase occurred in order to observe the pattern of anti-selection across policies.

The below table outlines the assumed incidence rate adjustment factors resulting from temporary anti-selection for the ILTC Preferred Solution product:

Years Since Rate Increase	Temporary Anti-Selection Factors
0	1.44
1	1.67
2	1.74
3	1.27
4	1.17
5	1.12
6+	1.00

Future Incidence Improvement (i.e. Morbidity Improvement)

No future incidence improvement is assumed.

Model Calibration

The morbidity assumptions are intended to reflect the best-estimate of the long term. Long-Term Care policies are complex and have multiple decrements. Assumptions are developed independently and when combined in the model, they do not always produce results that seem reasonable. Model calibration is performed when necessary to fit the model to the long term view.

A dynamic validation was performed by modeling our best-estimate assumptions with inforce liability data as of December 31, 2011 to see how well the assumptions would replicate actual historical experience. This analysis was performed separately for ILTC and GLTC. Based on how well the model 'fits' actual claims experience, additional incidence calibration factors may be applied. Given the modeled claims 'fit' with actual experience, calibration factors were set to 1.0.

Claim Severity

In the projection system, the severity of claim is the associated length and cost of a claim once an insured becomes disabled (or is already disabled). The severity of a claim is driven by three key assumptions:

- Recovery
- Utilization
- Disabled Life Mortality

A further breakdown of these three components is described below.

Recovery Overview

Once a policyholder is on claim, there is an associated probability that the policyholder will recover back in to a 'healthy' status prior to death or exhausting benefits. This is the recovery rate assumption in the projection model.

Recovery Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC recovery rates, which includes experience over the past seven years:

Best-Estimate Recovery A/E Results Individual Long Term Care									
Calendar Year	Actuals			Current Claims			Future Claims		
	Exposures (Months)	Actual Recoveries	Actual Recovery Rate	Expected Recoveries	Expected Recovery Rate	Actual / Expected	Expected Recoveries	Expected Recovery Rate	Actual / Expected
2011	129,767	1,362	12.6%	1,251	11.6%	109%	1,256	11.6%	108%
2012	137,810	1,241	10.8%	1,280	11.1%	97%	1,303	11.4%	95%
2013	146,365	1,383	11.3%	1,378	11.3%	100%	1,369	11.2%	101%
2014	155,703	1,379	10.6%	1,452	11.2%	95%	1,434	11.1%	96%
2015	163,560	1,424	10.4%	1,533	11.2%	93%	1,511	11.1%	94%
2016	170,494	1,488	10.5%	1,539	10.8%	97%	1,516	10.7%	98%
2017	175,196	1,444	9.9%	1,512	10.4%	95%	1,502	10.3%	96%
Total	1,078,894	9,721	10.8%	9,945	11.1%	98%	9,893	11.0%	98%

Recovery Assumption

The recovery tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. The recovery tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- Gender
- Presence of a restoration of benefits rider
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Diagnosis of the claim (for insureds currently on claim)

Insureds that are currently in claim status have a known situs of care, so the recovery rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Healthy

Benefit Period: Lifetime

Gender: Male

Restoration of Benefits Rider: No

Situs: Nursing Home (original, since policy is healthy)

Diagnosis: N/A (since status is healthy)

Disability Month	Disablement Age			
	65	75	85	95
1	2.34%	1.96%	1.60%	1.64%
2	2.56%	2.00%	1.52%	1.57%
3	3.74%	2.81%	2.05%	2.14%
4	3.12%	2.26%	1.58%	1.66%
5	3.27%	2.33%	1.59%	1.68%
6	2.64%	1.81%	1.18%	1.26%
7	3.07%	1.97%	1.16%	1.26%
8	2.36%	1.51%	0.89%	0.97%
9	1.75%	1.12%	0.66%	0.72%
10	1.55%	0.99%	0.58%	0.64%
11	1.44%	0.92%	0.54%	0.59%
12	1.34%	0.86%	0.50%	0.55%
...

Utilization Overview

The utilization assumption in the model for expense reimbursement policies represent the amounts, or severity, of paid claims and include components for cost of care, coverage available and the intensity of care ("health trend"). The available benefit is also considered by capping paid claims at the daily benefit amount.

Expense reimbursement refers to policies that are reimbursed up to the maximum daily benefit. They are considered separately from indemnity policies because indemnity policies pay the full maximum daily benefit. Expense reimbursement claim amounts are affected by cost of care inflation, intensity of care (referred to as "health trend"), and the amount of initial coverage purchased.

Health trends represent the intensity of care needed for claimants. Health trend is the ratio of inflation-adjusted paid claims divided by initial available benefits:

$$\text{Health Trend} = \frac{\text{Paid Claim}}{(1 + \text{CostOfCare Inflation})^{(\text{Experience Year} - \text{Issue Year})} \times \text{Initial Available Benefits}}$$

Indemnity policies have separate utilization assumptions from expense reimbursement policies because they pay their full available benefits and are not dependent on cost or intensity of care.

Although indemnity policies pay the full maximum daily benefit, utilization rates are still below 100% because insureds are not in facilities 100% of the time. For example, if an insured is only in a facility 28 out of the 30 days in each month, then they would have a utilization rate equal to $28/30 = 93\%$. This is because benefit periods are based on service days and not strictly calendar days.

Prospective cost of care inflation is directionally tied to future interest rate expectations.

Utilization Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC utilization rates, which includes experience over the past seven years:

Best-Estimate Utilization A/E Results Individual Long Term Care												
Calendar Year	Current Claims						Future Claims					
	Maximum Available Benefit (\$millions)	Actual Paid Claims (\$millions)	Actual Utilization Rate	Expected Paid Claims (\$millions)	Expected Utilization Rate	Actual / Expected	Maximum Available Benefit (\$millions)	Actual Paid Claims (\$millions)	Actual Utilization Rate	Expected Paid Claims (\$millions)	Expected Utilization Rate	Actual / Expected
2011	353	217	61.6%	217	61.6%	100%	364	231	63.6%	230	63.3%	100%
2012	402	246	61.2%	246	61.1%	100%	413	261	63.1%	260	63.0%	100%
2013	462	281	60.8%	281	60.8%	100%	474	298	62.8%	297	62.5%	100%
2014	516	311	60.3%	312	60.3%	100%	530	330	62.3%	330	62.2%	100%
2015	581	345	59.3%	346	59.7%	99%	598	366	61.3%	366	61.3%	100%
2016	649	389	59.9%	387	59.7%	100%	671	415	61.9%	411	61.3%	101%
2017	704	422	60.0%	420	59.7%	100%	729	451	61.9%	447	61.4%	101%
Total	3,666	2,211	60.3%	2,210	60.3%	100%	3,779	2,353	62.3%	2,341	62.0%	100%

Utilization Assumption

The health trend component of utilization tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. These tables vary by the following:

- Benefit Period (lifetime vs non-lifetime)
- AIB Rider (simple, compound, none)
- Home health care percentage (0%, 1%-50%, 50%-75%, 75%+)
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Payment type (indemnity vs reimbursement)
- Diagnosis of the claim (for insureds currently on claim)

Insureds that are currently in claim status have a known situs of care, so the utilization rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample health trend table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Disabled

Benefit Period: Non-Lifetime

AIB Rider: Compound

Home Health Care Percentage: N/A (since situs is not home health care)

Situs: Assisted Living Facility (current, since policy is disabled)

Payment Type: Reimbursement

Diagnosis: Other

Disability Month	Disablement Age			
	65	75	85	95
1	99%	91%	88%	90%
2	60%	66%	72%	74%
3	69%	75%	80%	85%
4	63%	65%	72%	77%
5	70%	72%	79%	82%
6	71%	75%	79%	82%
7	76%	76%	81%	85%
8	76%	77%	82%	85%
9	76%	77%	81%	83%
10	79%	77%	82%	85%
11	80%	80%	83%	86%
12	79%	80%	83%	86%
...

Cost of care tables are one-dimensional vectors that vary by calendar year and AIB rider for reimbursement policies. A sample cost of care inflation table is provided below:

AIB Rider: Compound

Calendar Year	Cost of Care Inflation Rate
Historic (Prior to Projection Date)	4.0%
Prospective (After Projection Date)	4.7%

Disabled Life Mortality Overview

Once an insured is on claim, there is an associated probability that the insured will decrement due to death, which influences the overall length of a claim. Generally, the probability of death from a currently disabled insured is greater than the probability associated with a currently healthy insured, so separate assumptions are developed and modeled.

Disabled Life Mortality Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC disabled mortality rates, which includes experience over the past seven years:

Best-Estimate Disabled Mortality A/E Results Individual Long Term Care									
Calendar Year	Actuals			Current Claims			Future Claims		
	Exposures	Disabled Deaths	Disabled Mortality Rate	Expected Disabled Deaths	Expected Disabled Mortality Rate	Actual / Expected	Expected Disabled Deaths	Expected Disabled Mortality Rate	Actual / Expected
2011	129,767	2,958	27.4%	3,066	28.4%	96%	3,061	28.3%	97%
2012	137,810	3,339	29.1%	3,292	28.7%	101%	3,296	28.7%	101%
2013	146,365	3,412	28.0%	3,540	29.0%	96%	3,539	29.0%	96%
2014	155,703	3,758	29.0%	3,821	29.5%	98%	3,812	29.4%	99%
2015	163,560	4,177	30.6%	4,069	29.9%	103%	4,057	29.8%	103%
2016	170,494	4,185	29.5%	4,266	30.0%	98%	4,246	29.9%	99%
2017	175,196	4,383	30.0%	4,404	30.2%	100%	4,387	30.0%	100%
Total	1,078,894	26,212	29.2%	26,459	29.4%	99%	26,397	29.4%	99%

Disabled Life Mortality Assumption

The disabled life mortality rates are two-dimensional tables that vary by age of disability and disability duration. Similar to the other severity assumptions, the first five years of the tables contain monthly rates and are annual thereafter. The disabled life mortality tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Gender
- Diagnosis of the claim (for insureds currently on claim)

Insureds that are currently in claim status have a known situs of care, so the disabled life mortality rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Healthy

Benefit Period: Non-Lifetime

Situs: Nursing Home (original, since policy is healthy)

Gender: Male

Diagnosis: N/A (since status is healthy)

Disability Month	Disablement Age			
	65	75	85	95
1	1.73%	2.54%	2.89%	3.43%
2	2.30%	3.37%	3.83%	4.54%
3	2.48%	3.64%	4.13%	4.91%
4	2.79%	4.10%	4.66%	5.53%
5	2.48%	3.64%	4.14%	4.91%
6	2.17%	3.18%	3.61%	4.29%
7	2.12%	3.11%	3.54%	4.20%
8	1.82%	2.68%	3.08%	3.81%
9	1.84%	2.71%	3.12%	3.85%
10	2.09%	3.06%	3.56%	4.66%
11	2.25%	3.22%	3.80%	5.28%
12	2.50%	3.45%	4.10%	6.10%
...

Transitions of Situs

Following the annual claim reserve review, adjustments were made to the assumptions to account for transitions of situs. For 2018, a multiplier of 120% was applied to utilization, a multiplier of 92.5% was applied to disabled life mortality (for claim durations seven and later) and a multiplier of 95% was applied to recovery rates for current claims. Furthermore, multipliers of 110% and 80% were applied to disabled life mortality for the first six claim durations for current and future claims respectively. A 10% reserve development haircut was also applied to pending claims. The result of these adjustments produced smoother claim development and a better fit in the dynamic validation.

Persistency

In the projection system, the persistency assumptions relate to the probability that policyholders not on claim will lapse or die. Policyholder reduced benefit options are considered part of the persistency assumption and are modeled as partial lapses in the projection system. The persistency of an insured is driven by four key assumptions:

- Voluntary Lapse
- Shock Lapse and Reduced Benefit Option (“RBO”)
- Healthy Life Mortality
- Healthy Life Mortality Improvement

A further breakdown of these components is described below.

Voluntary Lapse Overview

The voluntary lapse assumption reflects the probability associated with an insured voluntarily canceling their policy. The voluntary lapse rates differ from shock lapse rates in that the policy cancellation is not due to a rate increase notification.

Voluntary Lapse Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC voluntary lapse rates, which includes experience over the past seven years:

Best-Estimate Voluntary Lapse A/E Results Individual Long Term Care						
Calendar Year	Exposures (Years)	Actual Lapse	Expected Lapse	Actual Lapse Rate	Expected Lapse Rate	Actual / Expected
2011	230,273	1,776	1,786	0.77%	0.78%	99%
2012	219,293	1,568	1,682	0.71%	0.77%	93%
2013	206,404	1,632	1,550	0.79%	0.75%	105%
2014	194,670	1,380	1,435	0.71%	0.74%	96%
2015	182,263	1,283	1,314	0.70%	0.72%	98%
2016	171,149	1,153	1,205	0.67%	0.70%	96%
2017	160,642	1,070	1,102	0.67%	0.69%	97%
Total	1,364,695	9,861	10,074	0.72%	0.74%	98%

Voluntary Lapse Assumption

The voluntary lapse tables are two-dimensional varying by issue age and policy duration. The voluntary lapse assumptions vary by the following:

- Benefit Period (lifetime vs non-lifetime)
- AIB Rider (simple, compound, none)

A sample voluntary lapse table is shown below for sample issue ages:

Benefit Period: Lifetime

AIB Rider: None

Policy Duration	Issue Age			
	35	45	55	65
1	3.60%	2.40%	2.16%	2.40%
2	3.36%	2.24%	2.02%	2.24%
3	2.52%	1.68%	1.51%	1.68%
4	1.95%	1.30%	1.17%	1.30%
5	1.80%	1.20%	1.08%	1.20%
6	1.68%	1.12%	1.01%	1.12%
7	1.53%	1.02%	0.92%	1.02%
8	1.50%	1.00%	0.90%	1.00%
9	1.20%	0.80%	0.72%	0.80%
10-16	1.44%	0.96%	0.86%	0.96%
17+ (Ultimate)	1.20%	0.80%	0.72%	0.80%

Shock Lapse and Reduced Benefit Option

The shock lapse and RBO assumptions are modeled as a temporary increase in lapse rates in response to a rate increase. Shock lapse and RBO assumptions are determined by calculating the lapse rates in excess of base lapse rates during the years when a premium rate action occurs.

The assumed rates for each of these components are outlined in the below table for the Preferred Solution product:

Rate Increase	Shock Lapse %	RBO %	Total Additional Lapse % from Shock and RBO*
0%	0.0%	0.0%	0.0%
5%	0.0%	2.1%	2.1%
10%	0.2%	3.4%	3.7%
15%	0.7%	4.7%	5.4%
20%	1.1%	6.0%	7.1%
25%	1.6%	7.3%	8.8%
30%	2.1%	8.6%	10.5%
35%	2.5%	9.9%	12.2%
40%	3.0%	11.2%	13.8%
45%	3.4%	12.5%	15.5%
50%	3.9%	13.8%	17.1%
55%	4.3%	15.1%	18.8%
60%	4.8%	16.4%	20.4%
65%	5.3%	17.7%	22.0%
70%	5.8%	18.9%	23.6%
75%	6.2%	20.2%	25.2%

80%	6.7%	21.5%	26.8%
85%	6.7%	21.5%	26.8%
90%	6.7%	21.5%	26.8%
95%	6.7%	21.5%	26.8%
100%	6.7%	21.5%	26.8%
...

*Total Additional Lapse % from Shock and RBO = $1 - (1 - \text{Shock Lapse \%}) * (1 - \text{RBO \%})$

Healthy Life Mortality Overview

The healthy life mortality assumption is the probability of death associated with currently healthy insureds.

Healthy Life Mortality Actual to Expected Analysis

The below table summarizes the results of the experience study for ILTC healthy life mortality rates, which includes experience over the past seven years:

Best-Estimate Healthy Life Mortality A/E Results Individual Long Term Care						
Calendar Year	Exposures (Years)	Actual Death	Expected Death	Actual Death Rate	Expected Death Rate	Actual / Expected
2011	230,712	4,225	4,214	1.83%	1.83%	100%
2012	219,590	4,808	4,191	2.19%	1.91%	115%
2013	206,558	4,020	4,088	1.95%	1.98%	98%
2014	194,338	3,905	4,036	2.01%	2.08%	97%
2015	182,563	3,722	3,958	2.04%	2.17%	94%
2016	171,474	3,348	3,872	1.95%	2.26%	86%
2017	161,038	3,228	3,807	2.00%	2.36%	85%
Total	1,366,273	27,255	28,166	1.99%	2.06%	97%

Healthy Life Mortality Assumption

The base table for the healthy life mortality assumption is the 2012 IAM table, with additional multipliers based on company experience. There are also adjustments at higher attained ages, due to lack of credibility. At higher ages, the assumptions grade their credibility weighting from 100% of the best-estimate assumption at age 90, to 100% of the 2012 IAM tables at ages 104 and later. These base tables vary by gender and attained age. The additional multipliers to these base tables based on CCC's experience are as follows:

Category	Variable/Benefit Feature	Adjustment Factors
Attained Age	0-59	97%
	60-64	88%
	65-69	82%
	70-74	98%
	75-79	97%
	80-84	101%
	85-89	100%
	>=90	118%
Gender	Male	52%
	Female	48%
Underwriting Class	Preferred	81%
	Standard	128%
	Substandard	170%

Healthy Life Mortality Improvement

A healthy life mortality improvement factor is applied to the base healthy mortality table to reflect studies that examine the improvement of population mortality over time, based on improvement scale G2. The healthy life mortality improvement varies by gender and attained age with improvement beginning 1/1/2015 for 10 years. An example is shown below for reference:

Gender: Female

Attained Age	Annualized Improvement
<=50	1.00%
50	1.00%
60	1.30%
70	1.30%
80	1.30%
90	0.60%
100	0.20%
105	0.00%

Discount Rate

The inforce count-weighted average maximum statutory valuation interest rate for contract reserves of 4.50% is used to accumulate past actual experience and discount future expectations.

Expenses

This filing is based on loss ratios and expense levels have not been considered. Commissions are not paid on rate increase premiums.

6. Marketing Method

These policies were sold directly through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, AIB option, premium mode, underwriting class, marital status, and the selection of any other options or riders.

9. Modal Premium Factors

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium.

Payment Mode	Modal Factor	Nationwide Premium Distribution at Dec. 31, 2018
Annual	1.000	62.2%
Semi-Annual	0.520	7.7%
Quarterly	0.270	11.1%
Monthly	0.090	19.0%

10. Issue Age Range

Issue ages range from 18 to 84.

11. Area Factors

Area factors are not used for these policy forms.

12. Average Annualized Premium

The average annualized premium for the policy forms subject to the rate increase request, both before and after the impact of the requested rate increase, is included in Exhibit 1.

13. Number of Insureds

The current number of insureds as of December 31, 2018 can be found in Exhibit 1.

14. Distribution of Business

The historical experience reflects the actual distribution of insureds during the experience period. The current distribution of business as of December 31, 2018 was used to project future experience. Exhibit 2 contains the distribution of the inforce insureds by key demographic and benefit characteristics.

15. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2018 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve ("IBNR") balances and terminated but not reported reserve ("TBNR") balances as of December 31, 2018 have been allocated to a calendar year of incurral and included in historical incurred claims.

16. Trend Assumptions

As this is not medical insurance, explicit medical cost trends have not been included in the projections.

17. Experience – Past and Future

Earned premiums and incurred claims, projected through 2078 are developed from a first-principles actuarial model representing actual contracts in-force as of December 31, 2018. The assumptions described in Section 5 are used to project earned premiums and incurred claims.

Waived premiums are not included as premiums nor claims in either the actual historical or the projected future experience.

Historical results reflect earned premium by calendar year with claims captured by incurral year. That is, incurred claims for a calendar year represent all payments through December 31, 2018 for a claim incurred in a particular calendar year plus any claim reserve held as of December 31, 2018. Incurred claims also include IBNR and TBNR held as of December 31, 2018.

Exhibit 3 presents nationwide experience as described in Section 19 for all forms affected by this rate increase to ensure maximum credibility. Although we believe Pennsylvania only data is not credible on its own, we are including Pennsylvania specific experience through December 31, 2018 for reference in Exhibit 4.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2018 is calculated as the sum of accumulated past experience and discounted future expectations using the nationwide inforce count-weighted average maximum statutory valuation interest rate for contract reserves.

18. History of Rate Adjustments

See Exhibit 1 for a history of prior rate adjustments in your state.

19. Ensuring No Cross-Subsidization Between States

We have ensured no state's rate increase approvals will subsidize other states' experience. Rate increase requests will vary by state, but only to reflect the timing and amount of prior rate increases approved by that state. This is accomplished by first backing-out all prior rate increases from our nationwide premium data. We then reintroduce prior rate increases with the amount and timing based on your state's prior approvals (as referenced in Section 17). The current proposed rate increase(s) are then determined.

Although some states may have capped our previous inforce rate increase filings, it is the intention of CCC's management that subsequent filings will be submitted at a later date until an actuarially equivalent amount is achieved.

20. Requested Rate Increase and Demonstration of Satisfaction of Requirements

CCC is requesting a 75.6% rate increase on the policy forms included in this filing for insureds with an AIB rider. Corresponding rate schedules reflecting the increase are included with this filing. Although this request is less than CCC can justify, we are limiting our rate increase request at this time. CCC will continue to monitor the experience of this block and take appropriate actions when necessary.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders. Because the requested rate increase applies to policies with an AIB rider, insureds with an AIB rider who choose to drop it (i.e. Freeze and Drop) will:

- Not be subject to this rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and

- Be charged an original issue age premium based on the original non-inflated benefits.

Available options will depend upon the insured's current coverage levels, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a number of alternative options available for all Preferred Solution insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid, capped at current remaining lifetime benefits.

The second option, the "Conversion Option", provides a standard Contingent Non-Forfeiture ("CNF") benefit, along with a cash payment. If this option is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool will equate to 100% of lifetime premiums paid into the policy, capped at current remaining lifetime benefits. The amount of the one-time cash conversion payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured, less the expected statutory active life reserve held for the CNF benefit.

The third option that is being offered to insureds is the "Surrender Option". If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

All three of the above alternative options will be offered to all Preferred Solution insureds in your state (those with and without AIB riders), regardless of whether or not they receive a rate increase, in order to ensure fairness within the Preferred Solution product portfolio. If a policy lapses due to non-payment of premiums without notifying the Company of the insured's intention to elect any of the above options, the insured's coverage will default to a standard 100% CNF benefit.

Note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

Satisfaction of minimum required loss ratio requirements is demonstrated in Exhibit 1. This approach shows that with the requested rate increase, the expected lifetime loss ratio exceeds the minimum loss ratio requirement.

Exhibit 5 included with this memorandum provides a demonstration that the requested rate increase meets the 58/85 test required by your state's rate stability regulation.

The historical and future projected incurred claims in the 58/85 test were increased by 10% from the best estimate projections to reflect assumptions that include moderately adverse conditions (equates to a 10% deterioration in the lifetime loss ratio). Present and accumulated values in the demonstration are determined at the average maximum valuation interest rate for contract reserves over the issue period.

Because The Company is limiting the rate increase request, we cannot certify that the rates with the full requested rate increase will be sufficient under moderately adverse conditions.

21. Proposed Effective Date

The rate increase will apply to policies on their next policy anniversary date following a notification period at least as long as required by your state following approval. No insured will receive more than one increase in a 12 month period.

22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the filing requirements for long term care insurance premium and rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice ("ASOP"), including, but not limited to, the following:

- ASOP 7, "Analysis of Life, Health, or Property/Casualty Insurer Cash Flows";
- ASOP 8, "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits";
- ASOP 18, "Long Term Care Insurance";
- ASOP 23, "Data Quality"; and
- ASOP 41, "Actuarial Communications".

I have relied upon policy and claim information extracts, as of December 31, 2018, which contain a seriatim listing of all insureds covered under CCC Long Term Care insurance contracts. I have also relied upon associated paid premium extracts providing details of payment dates and amounts. I have also relied upon associated paid claim extracts providing details by claim regarding payment dates, service dates, benefit types and payment amounts. This information was provided by CCC's Long Term Care Operations team in partnership with our Third Party Administrator.

I have relied upon statutory reserves as of December 31, 2018, for Claims Reserves, Incurred but Not Reported reserves, and Terminated but Not Reported Reserves, provided by CCC's Long Term Care Finance and Reserving team.

I have relied upon actuarial assumptions developed by CCC's Long Term Care Projections and Experience Studies team, which develops assumptions primarily for asset and reserve adequacy analysis, under the direction of the opining actuary, Philip Sanchez, FSA, MAAA, who approved those assumptions in collaboration with other CCC Long Term Care actuaries, including Inforce Management actuaries. These assumptions present the actuary's best judgement, as of December 31, 2018. We have reviewed these assumptions for reasonableness and consistency for use in this filing.

I have reviewed and considered the policy design and benefits, as well as the company's underwriting and claims adjudication processes, when developing the filed rates.

I hereby certify that, to the best of my knowledge and judgement, this rate filing is in compliance with the applicable laws and regulations of your state. In my opinion, the actuarial assumptions are appropriate and the rates are neither excessive nor unfairly discriminatory.

Because the company is limiting the rate increase request we cannot certify that the rates with the full requested rate increase will be sufficient under moderately adverse conditions.



John Munro, FSA, MAAA
AVP & Actuary, Long Term Care
(312) 822-2617
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December 20, 2019

Date

23. Exhibit Listing

- Exhibit 1: State Specific Information
- Exhibit 2: Distribution of Inforce Insureds
- Exhibit 3: Nationwide Experience and Projections
- Exhibit 4: Pennsylvania Specific Experience and Projections
- Exhibit 5: Nationwide 58/85 Test

Exhibit 1
Continental Casualty Company
Preferred Solution - AIB Rider Policies Only
Pennsylvania

12) Average Annualized Premium as of 12/31/2018

	Nationwide	Pennsylvania
Without Increase	\$2,548	\$2,887
With Increase	\$4,474	\$5,070

13) Insured Count and Premium as of 12/31/2018

Insureds Eligible for Rate Increase

	Nationwide	Pennsylvania
Insureds Not on Claim	50,526	4,116
Insureds on Claim	2,267	131
Total Insureds	52,793	4,247
2018 Annualized Premium	\$134,502,928	\$12,261,983

Insureds Not Eligible for Rate Increase

	Nationwide	Pennsylvania
Non-Forfeiture Insureds Not on Claim	1,698	77
Non-Forfeiture Insureds on Claim	8	0
Paid-Up Limited Pay Insureds Not on Claim	534	0
Paid-Up Limited Pay Insureds on Claim	22	0
Total Non-Forfeiture and Paid-Up Insureds	2,262	77

18) History of Rate Adjustments

SERFF Number	Approval Date	Rate Increase Approved
MILL-128738273	3/14/2013	20.0%
MILL-129666536	12/3/2014	25.0%
MILL-130055810	1/11/2016	29.5%*

*2016 approval was phased in over two years with 13.8% in year 1 and 13.8% in year 2

20) Satisfaction of Minimum Loss Ratio Requirements

1) Expected Lifetime Loss Ratio with Increase	100%
2) Minimum Required Loss Ratio	60%
Is 1) Greater than 2)?	Yes

Exhibit 2
Continental Casualty Company
Preferred Solution - AIB Rider Policies Only
Distribution of Inforce Eligible for Rate Increase
Pennsylvania

		Nationwide				Pennsylvania			
		Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Issue Year	1997	0	0%	\$0	0%	0	0%	\$0	0%
	1998	89	0%	\$243,982	0%	2	0%	\$5,673	0%
	1999	6,233	12%	\$15,792,873	12%	425	10%	\$1,249,639	10%
	2000	11,082	21%	\$27,511,673	20%	812	19%	\$2,175,672	18%
	2001	13,779	26%	\$35,224,612	26%	1,024	24%	\$2,998,011	24%
	2002	16,520	31%	\$42,688,296	32%	1,530	36%	\$4,527,324	37%
	2003	5,090	10%	\$13,041,491	10%	454	11%	\$1,305,664	11%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Issue Age	<35	148	0%	\$246,110	0%	13	0%	\$20,877	0%
	35-39	354	1%	\$599,693	0%	26	1%	\$49,927	0%
	40-44	1,324	3%	\$2,292,181	2%	112	3%	\$215,257	2%
	45-49	4,248	8%	\$8,038,052	6%	343	8%	\$714,518	6%
	50-54	10,443	20%	\$22,183,404	16%	825	19%	\$1,928,830	16%
	55-59	15,767	30%	\$37,580,670	28%	1,278	30%	\$3,422,454	28%
	60-64	12,398	23%	\$34,896,488	26%	1,052	25%	\$3,392,347	28%
	65-69	6,307	12%	\$20,759,007	15%	461	11%	\$1,782,573	15%
	70-74	1,628	3%	\$6,898,655	5%	127	3%	\$643,150	5%
	75-79	170	0%	\$977,565	1%	10	0%	\$92,050	1%
	80+	6	0%	\$31,104	0%	0	0%	\$0	0%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Attained Age	<45	31	0%	\$57,439	0%	2	0%	\$3,126	0%
	45-49	81	0%	\$137,049	0%	7	0%	\$10,346	0%
	50-54	260	0%	\$437,255	0%	25	1%	\$47,834	0%
	55-59	996	2%	\$1,712,313	1%	76	2%	\$146,815	1%
	60-64	3,126	6%	\$5,861,189	4%	269	6%	\$550,317	4%
	65-69	7,916	15%	\$16,582,401	12%	633	15%	\$1,458,144	12%
	70-74	15,121	29%	\$34,453,664	26%	1,218	29%	\$3,127,031	26%
	75-79	13,710	26%	\$36,817,510	27%	1,149	27%	\$3,501,158	29%
	80-84	8,291	16%	\$25,474,998	19%	649	15%	\$2,353,124	19%
	85-89	2,817	5%	\$10,665,217	8%	196	5%	\$906,782	7%
	90+	444	1%	\$2,303,894	2%	23	1%	\$157,307	1%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Gender	Male	21,726	41%	\$56,235,763	42%	1,784	42%	\$5,244,291	43%
	Female	31,067	59%	\$78,267,166	58%	2,463	58%	\$7,017,693	57%
	Total	52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Inflation Type	None	0	0%	\$0	0%	0	0%	\$0	0%
	Simple	16,929	32%	\$43,503,330	32%	1,732	41%	\$4,619,341	38%
	Compound	35,864	68%	\$90,999,598	68%	2,515	59%	\$7,642,643	62%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Elimination Period	0-Day	4,996	9%	\$14,794,373	11%	550	13%	\$1,841,326	15%
	30-Day	20,306	38%	\$52,020,317	39%	1,222	29%	\$3,665,097	30%
	60-Day	556	1%	\$1,336,319	1%	0	0%	\$0	0%
	90-Day	25,459	48%	\$62,714,935	47%	2,332	55%	\$6,346,689	52%
	180-Day	1,225	2%	\$3,002,950	2%	115	3%	\$319,818	3%
	365-Day	251	0%	\$634,034	0%	28	1%	\$89,054	1%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Maximum Benefit Period	365 days	49	0%	\$63,081	0%	0	0%	\$0	0%
	730 days	2,278	4%	\$4,206,690	3%	185	4%	\$379,628	3%
	1,095 days	10,803	20%	\$22,600,096	17%	942	22%	\$2,240,025	18%
	1,460 days	7,526	14%	\$16,805,577	12%	597	14%	\$1,551,463	13%
	1,825 days	11,716	22%	\$29,153,234	22%	972	23%	\$2,690,955	22%
	Unlimited	20,421	39%	\$61,674,250	46%	1,551	37%	\$5,399,912	44%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%
Home Health Care %	0%	1,898	4%	\$3,938,050	3%	119	3%	\$301,586	2%
	50%	5,630	11%	\$12,187,613	9%	607	14%	\$1,411,020	12%
	75%	3,276	6%	\$7,810,783	6%	278	7%	\$775,543	6%
	100%	41,989	80%	\$110,566,482	82%	3,243	76%	\$9,773,834	80%
Total		52,793	100%	\$134,502,928	100%	4,247	100%	\$12,261,983	100%

Exhibit 3
 Continental Casualty Company
 Preferred Solution - AIB Rider Policies Only
 Nationwide Historical and Projected Experience Restated with Approved Pennsylvania Rate Increases

Calendar Year	Without Rate Increase				With 75.6% Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	33,363	-	0%	0%	33,363	-	0%	0%
1999	7,330,873	5,088	0%	0%	7,330,873	5,088	0%	0%
2000	38,017,385	1,320,397	3%	3%	38,017,385	1,320,397	3%	3%
2001	74,312,937	2,986,443	4%	4%	74,312,937	2,986,443	4%	4%
2002	117,639,298	6,391,671	5%	5%	117,639,298	6,391,671	5%	5%
2003	149,458,471	8,126,290	5%	5%	149,458,471	8,126,290	5%	5%
2004	141,985,570	12,458,809	9%	6%	141,985,570	12,458,809	9%	6%
2005	139,182,779	14,734,296	11%	7%	139,182,779	14,734,296	11%	7%
2006	127,624,160	22,642,337	18%	9%	127,624,160	22,642,337	18%	9%
2007	128,735,922	19,963,059	16%	10%	128,735,922	19,963,059	16%	10%
2008	125,619,689	34,613,957	28%	12%	125,619,689	34,613,957	28%	12%
2009	121,841,924	33,536,765	28%	13%	121,841,924	33,536,765	28%	13%
2010	118,266,392	42,108,632	36%	15%	118,266,392	42,108,632	36%	15%
2011	115,193,823	52,630,616	46%	18%	115,193,823	52,630,616	46%	18%
2012	110,174,362	66,075,683	60%	21%	110,174,362	66,075,683	60%	21%
2013	113,426,659	82,641,692	73%	25%	113,426,659	82,641,692	73%	25%
2014	121,186,387	108,784,540	90%	29%	121,186,387	108,784,540	90%	29%
2015	131,858,317	125,904,973	95%	34%	131,858,317	125,904,973	95%	34%
2016	142,006,222	144,520,759	102%	39%	142,006,222	144,520,759	102%	39%
2017	152,820,829	162,586,485	106%	43%	152,820,829	162,586,485	106%	43%
2018	152,638,013	167,054,728	109%	48%	152,638,013	167,054,728	109%	48%
Total Actual	2,329,353,373	1,109,087,219	48%	48%	2,329,353,373	1,109,087,219	48%	48%
Projected								
2019	148,262,716	155,660,227	105%	51%	148,262,716	172,782,851	117%	52%
2020	142,296,141	165,083,102	116%	55%	155,552,715	200,268,840	129%	56%
2021	136,097,307	178,650,582	131%	58%	176,829,525	186,846,128	106%	59%
2022	129,649,784	197,556,286	152%	63%	170,295,430	185,109,301	109%	62%
2023	122,999,717	218,214,532	177%	67%	161,560,543	181,203,383	112%	65%
2024	116,201,301	242,345,945	209%	73%	152,630,801	194,443,179	127%	68%
2025	109,308,171	267,028,857	244%	78%	143,576,653	205,757,216	143%	71%
2026	102,328,161	291,513,837	285%	85%	134,408,385	218,081,502	162%	74%
2027	95,282,690	315,528,704	331%	92%	125,154,136	236,047,024	189%	78%
2028	88,240,429	338,638,144	384%	99%	115,904,102	253,335,196	219%	82%
2029	81,237,818	359,808,387	443%	107%	106,706,148	269,172,655	252%	87%
2030	74,337,222	378,374,500	509%	115%	97,642,192	283,061,963	290%	92%
2031	67,588,656	393,848,844	583%	123%	88,777,928	294,638,320	332%	97%
2032	61,044,335	405,622,204	664%	132%	80,181,941	303,445,971	378%	103%
2033	54,752,890	412,812,078	754%	141%	71,918,106	308,824,715	429%	108%
2034	48,757,850	414,523,878	850%	150%	64,043,601	310,105,313	484%	114%
2035	43,100,623	411,543,802	955%	158%	56,612,814	307,875,918	544%	119%
2036	37,809,900	404,460,531	1070%	167%	49,663,432	302,576,923	609%	125%
2037	32,903,908	392,383,703	1193%	175%	43,219,395	293,542,248	679%	130%
2038	28,400,246	375,085,500	1321%	183%	37,303,820	280,601,462	752%	135%
2039	24,310,249	353,751,376	1455%	191%	31,931,595	264,641,404	829%	140%
2040	20,640,260	329,858,455	1598%	198%	27,111,052	246,767,110	910%	145%
2041	17,377,984	304,982,508	1755%	205%	22,826,041	228,157,414	1000%	149%
2042	14,504,695	278,934,343	1923%	211%	19,051,966	208,670,782	1095%	153%
2043	12,003,107	251,402,894	2094%	216%	15,766,122	188,074,505	1193%	156%
2044	9,851,241	223,162,932	2265%	221%	12,939,638	166,948,189	1290%	160%
2045	8,022,997	195,528,880	2437%	225%	10,538,233	146,275,155	1388%	162%
2046	6,485,911	169,870,080	2619%	229%	8,519,266	127,079,807	1492%	165%
2047	5,204,806	146,475,798	2814%	232%	6,836,531	109,578,545	1603%	167%
2048	4,146,931	125,217,013	3020%	235%	5,447,007	93,674,847	1720%	169%
2049	3,281,659	105,983,608	3230%	237%	4,310,470	79,286,337	1839%	170%
2050	2,580,999	88,843,456	3442%	239%	3,390,151	66,463,790	1960%	171%
2051	2,018,767	73,809,474	3656%	241%	2,651,657	55,216,867	2082%	173%
2052	1,571,276	60,883,825	3875%	242%	2,063,877	45,547,190	2207%	173%
2053	1,217,791	49,940,619	4101%	244%	1,599,572	37,360,577	2336%	174%
2054	940,444	40,703,263	4328%	244%	1,235,276	30,450,111	2465%	175%
2055	723,953	33,038,491	4564%	245%	950,914	24,716,095	2599%	175%
2056	555,903	26,696,221	4802%	246%	730,180	19,971,443	2735%	176%
2057	426,119	21,515,824	5049%	246%	559,709	16,095,988	2876%	176%
2058	326,301	17,313,051	5306%	247%	428,598	12,951,894	3022%	176%
2059	249,792	13,842,164	5541%	247%	328,102	10,355,323	3156%	176%
2060	191,270	11,062,125	5784%	247%	251,233	8,275,576	3294%	177%
2061	146,540	8,842,559	6034%	247%	192,481	6,615,118	3437%	177%
2062	112,417	7,081,143	6299%	248%	147,660	5,297,403	3588%	177%
2063	86,355	5,665,897	6561%	248%	113,428	4,238,657	3737%	177%
2064	66,433	4,524,310	6810%	248%	87,260	3,384,636	3879%	177%
2065	51,193	3,612,422	7056%	248%	67,242	2,702,453	4019%	177%
2066	39,523	2,904,301	7348%	248%	51,913	2,172,707	4185%	177%
2067	30,550	2,320,618	7596%	248%	40,128	1,736,055	4326%	177%
2068	23,622	1,883,449	7973%	248%	31,028	1,409,008	4541%	177%
2069	18,265	1,522,453	8336%	248%	23,991	1,138,947	4747%	177%
2070	14,094	1,236,846	8775%	248%	18,513	925,285	4998%	177%
2071	10,841	996,676	9194%	248%	14,239	745,613	5236%	177%
2072	8,313	803,730	9668%	248%	10,919	601,271	5507%	177%
2073	6,344	643,457	10143%	248%	8,333	481,370	5777%	177%
2074	4,819	515,185	10691%	248%	6,329	385,410	6089%	177%
2075	3,634	407,146	11205%	248%	4,773	304,586	6382%	177%
2076	2,709	323,782	11952%	248%	3,558	242,221	6807%	177%
2077	1,990	251,789	12654%	248%	2,614	188,364	7207%	177%
2078	1,440	197,048	13682%	248%	1,892	147,411	7793%	177%
Total Projected	1,857,861,401	9,285,232,853	500%	248%	2,360,537,874	7,206,995,575	305%	177%
Total Lifetime	4,187,214,774	10,394,320,073	248%	248%	4,689,891,247	8,316,082,795	177%	177%
Values Accumulated/Discounted to 12/31/18 at Maximum Statutory Valuation Interest Rates								
Past	3,545,637,694	1,320,118,855	37%		3,545,637,694	1,320,118,855	37%	37%
Future	1,317,070,222	4,867,164,819	370%	370%	1,653,423,516	3,877,291,892	235%	235%
Lifetime	4,862,707,915	6,187,283,673	127%	127%	5,199,061,209	5,197,410,746	100%	100%

Exhibit 4
Continental Casualty Company
Preferred Solution - AIB Rider Policies Only
Pennsylvania Historical and Projected Experience

Calendar Year	Without Rate Increase				With 75.6% Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	-	-	0%	0%	-	-	0%	0%
1999	318,708	-	0%	0%	318,708	-	0%	0%
2000	2,091,258	339,164	16%	14%	2,091,258	339,164	16%	14%
2001	4,389,725	247,271	6%	9%	4,389,725	247,271	6%	9%
2002	7,649,055	394,597	5%	7%	7,649,055	394,597	5%	7%
2003	10,443,440	452,293	4%	6%	10,443,440	452,293	4%	6%
2004	10,104,384	496,864	5%	6%	10,104,384	496,864	5%	6%
2005	10,011,370	534,382	5%	5%	10,011,370	534,382	5%	5%
2006	9,348,548	1,111,984	12%	7%	9,348,548	1,111,984	12%	7%
2007	9,343,741	939,601	10%	7%	9,343,741	939,601	10%	7%
2008	9,142,383	1,995,231	22%	9%	9,142,383	1,995,231	22%	9%
2009	8,955,652	2,253,807	25%	11%	8,955,652	2,253,807	25%	11%
2010	8,738,382	1,950,621	22%	12%	8,738,382	1,950,621	22%	12%
2011	8,553,888	3,414,763	40%	14%	8,553,888	3,414,763	40%	14%
2012	8,282,241	2,828,691	34%	16%	8,282,241	2,828,691	34%	16%
2013	8,223,070	5,070,551	62%	19%	8,223,070	5,070,551	62%	19%
2014	9,035,047	6,634,615	73%	23%	9,035,047	6,634,615	73%	23%
2015	9,340,772	5,689,216	61%	26%	9,340,772	5,689,216	61%	26%
2016	10,500,875	10,550,829	100%	31%	10,500,875	10,550,829	100%	31%
2017	11,213,916	8,691,442	78%	34%	11,213,916	8,691,442	78%	34%
2018	11,792,881	11,998,629	102%	39%	11,792,881	11,998,629	102%	39%
Total Actual	167,479,336	65,594,549	39%	39%	167,479,336	65,594,549	39%	39%
Projected								
2019	11,685,453	11,688,225	100%	43%	11,685,453	12,973,930	111%	44%
2020	11,223,473	12,469,470	111%	47%	12,269,529	15,127,208	123%	49%
2021	10,738,504	13,573,018	126%	51%	13,954,004	14,195,676	102%	53%
2022	10,238,466	15,058,315	147%	56%	13,449,900	14,109,570	105%	56%
2023	9,725,496	16,682,473	172%	61%	12,776,030	13,852,976	108%	59%
2024	9,194,784	18,586,598	202%	67%	12,078,854	14,912,720	123%	62%
2025	8,659,077	20,524,747	237%	73%	11,375,114	15,815,200	139%	65%
2026	8,115,145	22,424,059	276%	80%	10,660,570	16,775,438	157%	69%
2027	7,564,230	24,255,848	321%	87%	9,936,853	18,145,800	183%	73%
2028	7,011,835	26,030,123	371%	94%	9,211,192	19,473,135	211%	78%
2029	6,462,856	27,647,682	428%	102%	8,490,018	20,683,231	244%	82%
2030	5,920,568	29,025,883	490%	111%	7,777,634	21,714,263	279%	87%
2031	5,389,607	30,173,315	560%	119%	7,080,131	22,572,657	319%	93%
2032	4,873,563	31,072,020	638%	128%	6,402,223	23,244,978	363%	98%
2033	4,376,331	31,619,130	723%	137%	5,749,027	23,654,271	411%	104%
2034	3,901,605	31,761,111	814%	146%	5,125,396	23,760,487	464%	110%
2035	3,453,074	31,499,165	912%	155%	4,536,178	23,564,526	519%	115%
2036	3,033,075	30,981,058	1021%	164%	3,984,440	23,176,930	582%	121%
2037	2,643,278	30,092,957	1138%	173%	3,472,379	22,512,541	648%	126%
2038	2,285,152	28,824,358	1261%	181%	3,001,921	21,563,503	718%	131%
2039	1,959,483	27,259,620	1391%	189%	2,574,102	20,392,922	792%	136%
2040	1,666,652	25,499,653	1530%	196%	2,189,420	19,076,290	871%	141%
2041	1,406,101	23,674,007	1684%	203%	1,847,144	17,710,525	959%	145%
2042	1,176,349	21,745,885	1849%	209%	1,545,327	16,268,097	1053%	149%
2043	975,981	19,712,808	2020%	215%	1,282,110	14,747,152	1150%	153%
2044	803,301	17,603,914	2191%	220%	1,055,267	13,169,488	1248%	156%
2045	656,219	15,508,804	2363%	224%	862,051	11,602,136	1346%	159%
2046	532,318	13,534,834	2543%	228%	699,287	10,125,409	1448%	162%
2047	428,697	11,730,922	2736%	231%	563,164	8,775,903	1558%	164%
2048	342,902	10,057,818	2933%	234%	450,458	7,524,253	1670%	166%
2049	272,387	8,568,992	3146%	237%	357,825	6,410,463	1792%	168%
2050	214,947	7,217,374	3358%	239%	282,369	5,399,318	1912%	169%
2051	168,597	6,027,308	3575%	241%	221,480	4,509,029	2036%	170%
2052	131,559	4,990,057	3793%	242%	172,824	3,733,061	2160%	171%
2053	102,186	4,102,285	4015%	244%	134,238	3,068,919	2286%	172%
2054	79,062	3,359,778	4250%	245%	103,861	2,513,450	2420%	173%
2055	60,951	2,743,839	4502%	245%	80,070	2,052,666	2564%	173%
2056	46,856	2,236,510	4773%	246%	61,553	1,673,133	2718%	174%
2057	35,968	1,806,550	5023%	247%	47,250	1,351,480	2860%	174%
2058	27,565	1,460,900	5300%	247%	36,211	1,092,899	3018%	174%
2059	21,106	1,179,629	5589%	247%	27,727	882,480	3183%	174%
2060	16,136	967,918	5998%	248%	21,198	724,100	3416%	175%
2061	12,305	792,577	6441%	248%	16,165	592,927	3668%	175%
2062	9,360	648,438	6928%	248%	12,296	485,096	3945%	175%
2063	7,101	522,930	7364%	248%	9,328	391,204	4194%	175%
2064	5,375	413,735	7698%	248%	7,061	309,515	4384%	175%
2065	4,053	322,738	7963%	249%	5,324	241,440	4535%	175%
2066	3,037	250,598	8252%	249%	3,989	187,472	4699%	175%
2067	2,256	194,549	8622%	249%	2,964	145,542	4910%	175%
2068	1,658	150,597	9082%	249%	2,178	112,662	5172%	175%
2069	1,201	113,891	9479%	249%	1,578	85,202	5398%	175%
2070	859	83,919	9773%	249%	1,128	62,779	5566%	175%
2071	604	59,465	9846%	249%	793	44,486	5607%	175%
2072	417	40,141	9629%	249%	548	30,029	5484%	175%
2073	283	26,424	9350%	249%	371	19,768	5325%	175%
2074	188	16,979	9043%	249%	247	12,702	5149%	175%
2075	121	10,586	8715%	249%	160	7,920	4963%	175%
2076	76	6,399	8396%	249%	100	4,787	4781%	175%
2077	46	3,743	8093%	249%	61	2,800	4609%	175%
2078	27	2,100	7762%	249%	36	1,571	4420%	175%
Total Projected	147,669,865	718,638,771	487%	249%	187,696,109	557,370,117	297%	175%
Total Lifetime	315,149,201	784,233,321	249%	249%	355,175,445	622,964,666	175%	175%
Values Accumulated/Discounted to 12/31/18 at Maximum Statutory Valuation Interest Rates								
Past	252,295,660	77,469,474	31%	31%	252,295,660	77,469,474	31%	31%
Future	104,456,668	374,668,487	359%	359%	131,182,304	298,178,025	227%	227%
Lifetime	356,752,328	452,137,961	127%	127%	383,477,964	375,647,499	98%	98%

Exhibit 5
Continental Casualty Company
Preferred Solution - AIB Rider Policies Only
Nationwide 58/85 Test with Increase
Nationwide Historical and Projected Premiums Restated with Approved Pennsylvania Rate Increases

1 Accumulated value of initial earned premium	3,256,789,991	x	58%	=	1,888,938,195
2a Accumulated value of earned premium	3,545,637,694				
2b Accumulated value of prior premium rate schedule increases (2a - 1)	288,847,702	x	85%	=	245,520,547
3 Present value of future projected initial earned premium	678,005,392	x	58%	=	393,243,127
4a Present value of future projected premium	1,653,423,516				
4b Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	975,418,124	x	85%	=	829,105,406
5 Lifetime Earned Premium Times Prescribed Factors: Sum of 1, 2b, 3, and 4b					3,356,807,275
6a Accumulated value of incurred claims without the inclusion of active life reserves					1,452,130,740
6b Present value of future projected incurred claims without the inclusion of active life reserves					4,265,021,081
7 Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					5,717,151,821
8 Test: 7 is not less than 5					TRUE
All values are accumulated or discounted at the average maximum valuation interest rate for contract reserves which is a constant 4.5%.					
The incurred claims (items 6a and 6b) were increased by 10% to reflect moderately adverse experience.					



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December 20, 2019

Honorable Jessica K. Altman
Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, Pennsylvania 17120

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking #CNAB-132184171
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Policy Forms (Simple and Compound Automatic Increase Benefit Rider Policies Only):

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Commissioner Altman:

Enclosed is a request for a premium rate increase for the above captioned individual long term care policy forms, **for insureds with an automatic increase benefit ("AIB") rider**. This 75.6% rate increase is required in order to establish premium rates that are reasonable in relation to benefits based on actual historical experience and best-estimate projections for these forms. The method that we used to determine the requested premium rate increase is outlined in the enclosed actuarial memorandum and supporting exhibits.

The rate increase requested is reflective of the rate relief required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. In recognition of the poor

performance of the block to date, the Company is no longer seeking to restore the block to profitability, but is merely seeking to ensure the premiums collected will cover claims.

The proposed premium rates will be effective on the insured's next policy anniversary date following a notification period at least as long as required by your state following approval. No insured will receive more than one rate increase in a 12-month period.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders. Because the requested rate increase applies to policies with an AIB rider, insureds with an AIB rider who choose to drop it (i.e. Freeze and Drop) will:

- Not be subject to this rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and
- Be charged an original issue age premium based on the original non-inflated benefits.

Available options will depend upon the insured's current coverage levels, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a number of alternative options available for all Preferred Solution insureds in conjunction with this rate increase. The first option provides an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse. If this benefit is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool amount will equate to 150% of lifetime premiums paid, capped at current remaining lifetime benefits.

The second option, the "Conversion Option", provides a standard Contingent Non-Forfeiture ("CNF") benefit, along with a cash payment. If this option is elected by the insured, the insured will not have to pay prospective premium, and their remaining benefit pool will equate to 100% of lifetime premiums paid into the policy, capped at current remaining lifetime benefits. The amount of the one-time cash conversion payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured, less the expected statutory active life reserve held for the CNF benefit.

The third option that is being offered to insureds is the "Surrender Option". If this option is elected by the insured, the insured will surrender their policy in return for a one-time cash payment from the Company. The amount of the one-time cash surrender payment is equal to the unisex-adjusted statutory active life reserve held for the specific insured.

All three of the above alternative options will be offered to all Preferred Solution insureds in your state (those with and without AIB riders), regardless of whether or not they receive a rate increase, in order to ensure fairness within the Preferred Solution product portfolio. If a policy lapses due to non-payment of premiums without notifying the Company of the insured's intention to elect any of the above options, the insured's coverage will default to a standard 100% CNF benefit.

For states that do not approve the full requested increase, the Company anticipates that additional rate increase filings will be necessary in the near future. The exact timing of when an additional filing will be made and the amount that will be requested will be determined by the attributes of these policy forms, the Company's experience, and applicable laws and regulations.

Included with this request are the following items:

- this cover letter;
- an actuarial memorandum including supporting exhibits; and
- a rate supplement page reflecting the rate increase request.

A form filing has been submitted with this rate filing. The form filing being submitted includes the policyholder rate increase notification letter and associated endorsement to be sent out to policyholders. The SERFF Tracking Number for the form filing is CNAB-132198848.

We respectfully request your favorable consideration and approval of this filing.

A handwritten signature in black ink, appearing to read 'John Munro', is displayed on a light gray rectangular background.

John Munro, FSA, MAAA
AVP & Actuary, Long Term Care
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